Arizona Health Care Cost Containment System
QuickStart Guide
Incident, Accident and Death Reporting

Note: Test data/information is displayed in the screenshots listed in this document

To create a new IAD Report/Case, Providers can navigate to https://qmportal.azahcccs.gov/ to Sign In

Table of Contents
1. Verify Provider Account ................................................................. 1
2. Member Information Step ............................................................... 4
3. Provider Information Step ............................................................. 14
4. Basic Incident Information Step..................................................... 22
5. Description of the Incident Step.................................................... 24
6. Member Condition Step ............................................................... 25
7. Medical Services Step ................................................................. 26
8. Witnesses Step ............................................................................ 28
9. Provider Actions Step .................................................................. 30
10. Notifications Step ...................................................................... 31
11. Attachments Step ...................................................................... 32
12. Clinical Director Review Step....................................................... 35
13. Contractor/TRBHA Review Step ................................................ 36
14. Report Validation Step ............................................................... 37
15. Electronically Sign Report Step .................................................... 39

1. Verify Provider Account
Sign In to create a case with a Provider account that has the "Preparer" role.

Before continuing after login to create an IAD Report/Case, verify the account has a "Preparer" role by:
1. Navigate to the "User Admin" link in the upper-left side navigation.

The QMS Portal is intended for the use of providers reporting IADs to Contractor/TRBHAs. This system is administered by the AHCCCS Behavioral Health.
On the User Admin page, verify the "Preparer" role is checked in the User Authorization section.

Now that the role has been verified, navigate to the "Create IAD" in the upper-left side navigation.
2. Member Information Step

Once the page loads, the application will prompt for searching on a member. This is the main focal point of creating a report/case since all information is built upon selecting a member for the case.

The search criteria for a case must be in the following format:

- AHCCCS ID: A12345678 (letter followed by 8 numbers)
- DOB: 01/15/1982 (MM/DD/YYYY)

Or

- DOB: 01/15/1982 (MM/DD/YYYY)
- Last Name: Joe (uppercase or lowercase format)
- First Name: Smith (uppercase or lowercase format)
Note: if non-date values are entered into the DOB field and then move onto another field, the Date Picker will choose today’s date as the value.

Before:
After:

DOB: 03/16/2018  
Last Name: Garcia

, or First Name, Last Name, and 'DOB' of the member you are searching for.

Search

To clear the field entirely, the “x” must be clicked and then other fields can be managed. This option is available in Internet Explorer.
Click on the Search button

Select the member from the search results.

Note: In some instances there can be multiple search results for a member. An example is searching by:
Arizona Health Care Cost Containment System
QuickStart Guide
Incident, Accident and Death Reporting

- DOB: 02/19/2003
- Last Name: Garcia
- First Name: Daniel

In this case, PMMIS will return multiple records with different AHCCCS IDs. In this instance, an error message will be displayed: “Multiple AHCCCS IDs found. Please retry with an AHCCCS ID.”

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Arizona Health Care Cost Containment System
QuickStart Guide
Incident, Accident and Death Reporting

Note in the Top Header that there is no Case Number, Member, or Provider Information
Once a member has been selected, the application will load the Member Information Page. The member information from the PMMIS query is returned and populated in the Member Information Panel as per the illustration below. The information displayed is:

- Name: Format: Last Name, First name
- DOB: Format: MM/DD/YYYY
- AHCCCS ID: Format: letter + 8 digits (e.g.: A12345678)
- AGE: calculated age based on DOB and today’s date

Note: The Top Header now displays the Case Number and the Member information
On this 1st page of the Wizard, the following information can be filled-out:

- Health Plans and T/RBHA
- Eligibility Status
- Category
- COT
- DDD
- CDP
- Diagnosis Code

Note: In the IAD Wizard, there are red stars listed by information that is required to be filled-out. There is a validation page that will validate all data that has a red star to ensure all information is supplied before the IAD Case/Report is signed.
However, case information can be filled-out at any time and the Preparer can access the case/report at a future date to continue working on creating the case/report.

In order to save information at any time, the Preparer can click “Save” or click the “Previous” and “Next” buttons.

Previous—saves information and navigates to the previous step in the IAD Wizard
In the case of Member Information, navigating previously would display the member search and the case/report would start from the beginning (i.e. a new case would be setup)

Save—saves information on the current step of the IAD Wizard and remains on the current page

Next—saves information and navigates to the next step in the IAD Wizard

For the Diagnosis Code, at least 3 characters must be typed-in before any matches will be displayed to choose from.

The following illustrations display choice possibilities based on the diagnosis code entered.
Once a diagnoses code is selected, use the “Add Diagnoses” button so the choice is added to the list of codes for that member.

Verify that the diagnosis code is displayed in the list.

Diagnoses codes can be removed by clicking on the “x” adjacent to the diagnoses description.
3. Provider Information Step

The Provider Step is now displayed. At this point, if the “Next” button is selected without any Provider information filled-out, a warning message will display as per the illustration below.
For an IAD Case/Report to be generated, the 2 main sections of information are:

1. Member Information
2. Provider Information

Provider Information associated with a case is populated via the affiliations based on the user account creating the case/report. For example, for this Preparer, preparerprovider2 the affiliations are 2 WALGREENS locations. This information is obtained from the “User Admin” link and in the section called “Click to view Provider Affiliations for user”. Affiliations can be updated via the “Save Or Approve” button.
To Add a Provider, click on the “Add Change Reporting Provider”. A modal pop-up window will be displayed and the selection to choose from is based on the affiliations for that Provider. Only one selection is saved and can be made by clicking on one of the checkboxes and then clicking the “OK” button.
Clicking on “Cancel” will close the pop-up modal and not save any of the changes.

Once the selection has been made, verify that the Provider Information is now populated in the “Provider Information” panel.

The Provider Information is:

- **Provider Name & Address:**
  WALGREEN ADVANCED #2651  
  2323 E. MAGNOLIA #103 PHOENIX AZ 85034

- **Telephone #:** should be currently empty as this information isn’t provided in the PMMIS query

- **Email:** email address of the Preparer signed-in. Note: this can be checked by navigating to the “User Admin” link and checking the “User Information” email value. (see illustration below)
AHCCCS ID: A12345678
Opened by: username of the current logged-in user (e.x.: preparerprovider as shown below)
The Incident Location Agency or Facility section is optional but it can be filled out similar to the Provider Information section.

In this case, the Provider name or AHCCCS Id is used to search on a location. For this instance, the Provider Name is searched using “CVS” as the name.

From the list returned, one of the list items can be selected by checking on the checkbox and then clicking on “OK”. Note that the Agency information is populated in the “Incident Location Agency or Facility” panel section as illustrated below.
The Location Information is:

- **Provider Name & Address:**
  
  CVS PHARMACY 05038  
  2010 S DOBSON RD  
  CHANDLER AZ 85248  
  035485
The Facility Clinical Director list choice is populated by Providers that are in the “Clinical Director” role and based on the current logged-in user’s Provider Affiliations. (as noted earlier) The Clinical Director is required so that when the Preparer signs the case, an email notification is sent to the Clinical Director assigned to the case. The Clinical Director can then approve and assign the case as the next step. The list choice displays the Clinical Director in the format of: First Name Last Name

Once the Provider Information Step along with the dates have been filled-out, the Preparer can click on the “Next” button to navigate to the next step.

A few notes about the progression of the IAD Wizard. At this point, there are now 2 navigational sections that are visible:
4. Basic Incident Information Step

This step gathers information about:
- Type of incident(s)
- Date and time of incident
- Submission status
- Date reported to Provider
- Incident Location.
Arizona Health Care Cost Containment System
QuickStart Guide
Incident, Accident and Death Reporting
Submit IAD Report as Provider - 23

The Type of Incident section will initially display: “There are no data records to display.” Once one more types of incidents are selected from the choice list, the items will be displayed in the list below.

As with other lists to manage, the “x” can be clicked to remove any items from the list.

<table>
<thead>
<tr>
<th>Description</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discrimination</td>
<td></td>
</tr>
<tr>
<td>Coercion</td>
<td></td>
</tr>
</tbody>
</table>

The “Submission Status” lists the current status of the IAD case/report. At this stage, the status is in “Draft” mode.

Once the Basic Information Step along with the dates have been filled-out, the Preparer can click on the “Next” button to navigate to the next step.
5. **Description of the Incident Step**

Providers can describe the incident in detail. This information can be provided in paragraph format since the input is multi-line as in the illustration below.

Once the Description of the Incident Step description has been filled-out, the Preparer can click on the “Next” button to navigate to the next step.
6. Member Condition Step

Providers can enter member information before and after the incident. This information can be provided in paragraph format since the input is multi-line as in the illustration below.

Once the Member Condition Step information has been filled-out, the Preparer can click on the “Next” button to navigate to the next step.
7. Medical Services Step

Providers can provide detailed information about the medical services received. This information can be provided in paragraph format since the input is multi-line as in the illustration below.

Once the Member Services Step information has been filled-out, the Preparer can click on the “Next” button to navigate to the next step.
Description of Any Medical Services Received

Medical Services Received - sample info: 3/16/2018 1:33:24 PM
8. Witnesses Step

This step is optional for the submitting an IAD case/report.

Providers can optionally add witnesses related to the incident. The information about the witness can include the employee/organization, email address, telephone, relationship to the member affected and any additional comments. If a witness is entered, the minimum required fields are the following:

- Last Name
- First Name
- Relationship

If these fields are not filled-out, an alert in the upper-right corner will be displayed.

As with other lists in the IAD case/report, the witness list can be managed by clicking on the “x” to remove a witness associated with the case/report.
Once the Witnesses Step information has been filled-out, the Preparer can click on the “Next” button to navigate to the next step.
9. Provider Actions Step

Providers are required to provide actions that were taken and recommended actions as well. This information can be provided in paragraph format since the input is multi-line as in the illustration below.

Once the Provide Actions Step information has been filled-out, the Preparer can click on the “Next” button to navigate to the next step.
10. Notifications Step

This step is optional for the submitting an IAD Case.

Providers can optionally select individuals and organizations that were notified of the incident. If there isn’t an exact match on the type of organization, “Others” can be selected and a description can be provided.

On this step, notifications can be sent to another provider or government agency by simply typing in the email address in the “Email a Copy of this IAD to Another Provider or Government Agency” panel. Click on the Send Notification button and verify a notification has been sent to the email address provided.

The email notification will contain the following:
Subject: IAD Notification
Body: Case: 123456
Case Status: Draft
Date of Incident: 02/01/2017
Case Submitted by: Joe Smith

Once the Notifications Step information has been filled-out, the Preparer can click on the “Next” button to navigate to the next step.
11. **Attachments Step**

This step is optional for the submitting an IAD Case.

Providers can optionally add one or more attachments to the case that would have pertinent information that could be easily accessed via the document(s).

To add an attachment:
1. Select a file by clicking on the “Browse” button
2. Use the Choose File to Upload Windows Prompt and select a document
3. Click “Open”
4. Verify the path has been filled-out in the “Select a File” section
5. Add a description in the textbox labeled “Description”
6. Click “Upload Attachment”

As with other lists in the IAD case/report, the attachments list can be managed by clicking on the “x” to remove a document associated with the case/report. Also the description section is a hyperlink so the link can be clicked and the document will open.
Select “Open” from the Internet Explorer browser prompt and verify the document is opened and has the original contents of the uploaded document.

Note: If the file size exceeds 12MB, a Javascript alert prompt/message will prevent this file from being uploaded.

Once the Attachments Step is completed with uploaded document(s), the Preparer can click on the “Next” button to navigate to the next step.
12. Clinical Director Review Step

This step is disabled for a Preparer and to continue this case, can click Next.
13. **Contractor/TRBHA Review Step**

This step is disabled for a Preparer and to continue this case, can click Next.
14. Report Validation Step

When a case goes through the workflow of the signing process:
Preparer -> Clinical Director -> Third-Level Reviewer (optional) -> TRBHA Review

The case needs to have all required information filled-out prior to signing as per the illustration below. The validation page provides a summary of the sections and whether or not the required information has been provided.
Note: Another button called “Mark as Withdrawn” is available but will be used in another test.

If all the validation criteria is met, the Preparer can click on the “Next” button to navigate to the next step.
15. **Electronically Sign Report Step**

Note: In navigating to the next step, the Report Signatures page was skipped. Initially there are no signatures yet for a case that hasn’t been signed. The application moves to the electronically sign step or e-signature step.

Note 2: Notice that there is no Previous, Save and Next buttons here on this step.

The credentials used to initially sign-in to the Qm Portal and needed here for the password. Once the password is entered, the “E-Sign Report” button can be clicked.
Once the case/report has been signed as a Preparer, a successful validation message will be displayed noting that the case can now be reviewed by the assigned Clinical Director for the case/report.
Submit IAD Report as Provider - 41

Report Submitted to Clinical Director

Incident Report

Case#: IAD-2018-297
Provider: WALGREEN ADVANCED
#2651
Member: SMITH, JOE
Contractor/TRBHA: none assigned

E-Signature

Report Submitted to Clinical Director

Return To Main Menu

Download a PDF of this Incident Report

Search Results

SMITH, JOE
DOB: 01/15/1982
GENDER: F
AHCCCS ID: A12345678
Status: Pending E-Signature (Clin Dir)
Incident Date: 03/16/2018
Facility: WALGREEN ADVANCED #2651
Report No.: IAD-2018-297

SMITH, JOE
DOB: 01/15/1982
GENDER: F
AHCCCS ID: A12345678
Status: Pending E-Signature (Clin Dir)
Incident Date: 03/28/2018
Facility: WALGREEN ADVANCED #2651
Report No.: IAD-2018-296

SMITH, JOE
DOB: 01/15/1982
GENDER: F
AHCCCS ID: A12345678
Status: Pending E-Signature (Clin Dir)
Incident Date: 03/14/2018
Facility: WALGREEN ADVANCED #2651
Report No.: IAD-2018-292

LAVOIE, ROBIN
DOB: 01/15/1982
GENDER: F
AHCCCS ID: A12345678
Status: Pending E-Signature (Clin Dir)
Incident Date: 03/14/2018
Facility: WALGREEN ADVANCED #2651
Report No.: IAD-2018-291